

Prescription Drug Extra Help Checklist

WHEN IT COMES TO PAYING YOUR PRESCRIPTION DRUG COSTS, YOU COULD BE ELIGIBLE FOR A PROGRAM CALLED “EXTRA HELP,” ALSO KNOWN AS LOW INCOME SUBSIDY ASSISTANCE.




Maybe you got Extra Help in the past to pay your copays and/or premiums, and would like to enroll in the program again. Or maybe you already get Extra Help, but your costs are higher than you thought they would be. In either case, you can update the amount of Extra Help you get by going through a process called recertification. As part of this process, you will send us copies of your *Best Available Evidence* (BAE).

Recertification means that we use the information you send us to make sure you are still eligible for Extra Help. BAE is items that support you being in the program. We will share the information you send us with Medicaid / Medicare. Then, we'll be able to update how much Extra Help you get.

Things that show you qualify for Extra Help are listed below. Please send a copy of one or more items from the checklist below. Mark the documents you send on the checklist. **Be sure to include the checklist when you send us your BAE.**

- A Medicaid card that has your name and eligibility date during a month after June of the previous calendar year.
- A copy of a state document that confirms your active Medicaid status during a month after June of the previous calendar year.
- A Social Security Administration (SSA) award letter to determine eligibility for a full or partial subsidy.
- A printout from the state electronic enrollment file showing your Medicaid status during a month after June of the previous calendar year.
- A printout from the state Medicaid system showing your Medicaid status during a month after June of the previous calendar year.
- Other state documentation showing your Medicaid status during a month after June of the previous calendar year.
- A state document that shows that Medicaid made a payment on your behalf to a facility for a full calendar month after June of the previous calendar year.

- A printout from the state Medicaid system that shows your institutional status based on at least a full calendar month stay for Medicaid payment purposes during a month after June of the previous calendar year.
- A remittance from a facility showing Medicaid payments for a full calendar month during a month after June of the previous calendar year.
- A letter from Social Security showing that you receive SSI.
- An application filed by deemed eligible confirming that the beneficiary is “ ... automatically eligible for ‘Extra Help.’”
- A Notice of Action, Notice of Determination, or Notice of Enrollment from the state that has your name and HCBS (Home and Community Based Services) eligibility date during a month after June of the previous calendar year.
- A HCBS Service Plan from the state that has your name and effective date beginning during a month after June of the previous calendar year.
- A prior authorization approval letter from the state for HCBS that has your name and effective date beginning during a month after June of the previous calendar year.
- Other documentation from the state showing HCBS eligibility status during a month after June of the previous calendar year.
- A document from the state, such as remittance advice, that confirms payment for HCBS and has your name and the dates of HCBS.

-  For more information, please see the “Medicare & You” publication at:
[**medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf**](https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf)
-  Or view the Centers for Medicare & Medicaid Services’ BAE page at:
[**cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best_Available_Evidence_Policy.html**](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Best_Available_Evidence_Policy.html)
-  If you have any questions, or need help submitting documents, please call Member Services toll-free at the number listed on the back of your Member ID card. From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours as well as on weekends and federal holidays.



Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or <https://www.louisianahealthconnect.com>. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us.

New Mexico (NM) Dual Eligible Special Needs Plan (D-SNP) Members: As a Wellcare by Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid services are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members.

Washington residents: Health Net Life Insurance Company is contracted with Medicare for PPO plans. “Wellcare by Health Net” is issued by Health Net Life Insurance Company.